

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

802

\* 99-196  
 Frank R. Jazzo  
 Fletcher, Heald & Hildreth, LLC  
 1300 North 17th Street  
 11th Floor  
 Arlington, VA 22209

2. Article Number (Copy from service label)

0023 0771-3396

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☒ Agent☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO.

99-196

CERTIFIED

MAIL

RETURN

RECEIPT

NAME: FRANK R. JAZZO  
 1300 NORTH 17TH STREET  
 11TH FLOOR  
 ARLINGTON, VA 22209

RECEIVED &amp; INSPECTED

NOV 12 2002

REQUESTED

FCC-MAILROOM

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ .37

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$ 4.42

Postmark  
Here

Name (Please Print Clearly) (to be completed by mailer)

FRANK R. JAZZO

Street, Apt. No. or P.O. Box No.

1300 NORTH 17TH STREET

City, State, ZIP+4

ARLINGTON, VA 22209

PS Form 3811, July 1999

See Reverse for Instructions